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(Jeff)	SANSMITTAL FORM	o persons are required to respond to a Application Number Filing Date First Named Inventor Art Unit	collection of information 10/081,617 February 21, 200 Steffen Panzner 1615	•	displavs a valid OMB control number.
	all correspondence after initial fili	Examiner Name Attorney Docket Number	Gollamudi S. Kish	nore	
Amendman Ame	fter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority tt(s) Missing Parts/ te Application eply to Missing Parts	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Remarks	e Address	Appea of App Appea (Appea Propri	Allowance Communication to TC Il Communication to Board leals and Interferences Il Communication to TC Il Notice, Brief, Reply Brief) letary Information Letter Enclosure(s) (please Identify):
Firm Name Signature Printed name Date I hereby certify th	Anthony C. Kuhlmann II – 10 – 05 CEI at this correspondence is being as first class mail in an envelope elow:	URE OF APPLICANT, ATT els LLPP RTIFICATE OF TRANSMIS ng facsimile transmitted to the USF lope addressed to: Commissioner	Reg. No. 57,14 SSION/MAILING	47	
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Application Number	10/081,617			
Filing Date	February 21, 2002			
First Named Inventor	Steffen Panzner			
Art Unit	1615			
Examiner Name	Goflamudi S. Kishore			
Attorney Docket Number	24793/10			

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
gnature // . for /						
Steffen Panzner						
Date Var 7 th, 2005 Telephone + (9 345 5559 845						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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